STATE OF NEW YORK DEPARTMENT OF HEALTH

Riverview Center

150 Broadway

Albany, New York 12204-2719

February 13, 2007

Rabbi Zarchi Keren Peulos 440 Albany Avenue Brooklyn, NY 11213

CACFP Agreement Number: 5422

Dear Ms. Zarchi:

This package follows your recent telephone call to the New York State Department of Health, Child and Adult Care Food Program (CACFP) requesting an application for participation. It appears that your organization may be eligible for the program.

CACFP has estimated that your yearly reimbursement could be \$30,000.00. This is based on the number of children currently attending your center(s) and the types of meals that you are serving. Your actual reimbursement will be different than this amount.

Enclosed are the required application forms. Some of the following forms have been partially completed with information provided over the phone. Complete these forms, correcting them as necessary. Make certain that all of the forms listed below are completed and returned to CACFP.

DOH - 3840 Agreement between the State and Sponsoring Organizations of Centers

DOH - 3671 Certificate of Authority

DOH - 3706 Application for Participation and Management Plan

DOH - 3682 Application for Participation of Individual Child Day Care Centers

DOH - 4217 Listing of Board of Directors Members

CACFP-110 - Menu Planning Form-Child

In addition to the requested forms, please send the documents listed below:

 Documentation from the Internal Revenue Service (IRS) that includes the Federal Employer Identification Number (FEIN) assigned to your organization.

- A copy of your organization's most recent IRS Form #990 filing to the Internal Revenue Service (IRS) or your organization's annual budget.
- A copy of correspondence from the Internal Revenue Service (IRS) that documents your organization's non-profit income tax exempt status (generally a 501(c)(3).
- A copy of correspondence from NYS Office of the Attorney General Charities Bureau
 that provides your organization's NYS Charity Registration Number or states that your
 organization is exempt from registration.
- A copy of the current day care license or school age child care registration.

Enclosed is a CACFP income eligibility application (DOH -3688) and a Letter to Households (DOH -3673). These forms are available in English or in Spanish. You must provide these two documents to the parent or guardian of each enrolled child. When the applications are complete and returned to you, use the enclosed CACFP Income Eligibility Guidelines (DOH -3687) to determine the reimbursement category. This information will be used to calculate your monthly reimbursement.

Mail all of these materials in the enclosed envelope to:

New York State Department of Health, Division of Nutrition Child and Adult Care Food Program 150 Broadway, Floor 6 West Albany, NY 12204-2719

Attention: Outreach Unit - New Center Application

Make certain that the original copy of all documents requiring signatures are sent, as copies cannot be accepted. If you have any questions, please feel free to contact a CACFP nutritionist at 1-800-942-3858, ext. 27103 or cacfp@health.state.ny.us.

Sincerely,

yune Ordeluch

Lynne Oudekerk Assistant Director

Child and Adult Care Food Program

Enclosures



APPLICATION FOR PARTICIPATION AND MANAGEMENT PLAN for Sponsoring Organizations of Day Care Centers

					×		C	ACFP Ag	reement Number				
				· · · · · · · · · · · · · · · · · · ·				.4000	5422	20 4	y sanyon yang 8809 M. j		

l.	Name Spons Organ		KEREN PEULOS				4.	Charity Registration Number Not applicable, for-profit organization					
	Mailing Address		440 ALBANY AVENUE				8						
	City	BROO	KLYN		State	NY							
	Zip	11213	County	BROOKLY	/N/KI	NGS	5.	Federal 1	Employer Identification N	ımber (F	EIN)		
	Physical Location (if different than mailing address)					ess)	8		<u> </u>				
	Phone	Number	(718) 4	83-9527	7	<u> </u>	6.	List of the	ne programs and services p	rovided	by your		
	Fax N	lumber	(718) 4	83-9529			8	organiza	uon:				
). [700 100 E0 E0 E0 TOVO TOVO TO	heck One) o to Questi				3 3						
		Private – School A	Nonprofit	-type Below) (Attach 501C3 ublic or Privat	ň 		7.	Has your seven ye	[in CACI	FP in the past		
		Governme Municipa	lity Code:	MARKS NAT 6	00000 000000		8.	Name of this appl	the person we should call ication:	with que	estions about		
	<u> </u>	Tribal (Ai	tach copy	of Tribal Lette	r)		S	Name	Rabbi Zarchi		7,000		
							5	Title	Administrator	3	202 Feb. 3		
		€.						E-mail	CHEDEROHEL	_@ 6	MAIL COM		
								Phone	(718) 483-9527	Ext.			

CACFP Child and Adult Care Food Program New York State Department of Health

APPLICATION FOR PARTICIPATION OF CHILD DAY CARE CENTERS

Serving Children 6 weeks to 12 years old

Instructions on back

CFP Center N	umber	54.	220001	0.	Hours open:	71011	:30 PM	5:30 PM
Name of Sponsoring Organization	onsoring KEREN PEULOS				Hours open on Se Vacations & Week	hool Fron		To 5.30 PW
Sponsor Phon	e# (7°	18) 483-952			Days open:	Mon Tue	V. ✓ Wed Thu	Fri Sat Sun
Center Name		EDER AT 1				1///	////	
Center Phone	_ \	8) 483-952			Months open:		pr May Jun Jul	Aug Sep Oct Nov De
I contor	24 12 F OULEV	RANCIS LE ARD	WIS	9.	What is the pla apply)	n for meal p	reparation	? (Check all that
		EIGHTS	Zip 11411		A. Prepar	red at this cea	iter	
County BR	SOOKL	/N / KINGS			B. Prepar	red at Sponso	or's central k	itchen .
For-Profit		Center (Check	one) profit			ased from a l ased from a f		5/2
ype of Center Child Care Head Star	e Center t	one) Scho	ol Age Child Care	-	E. Purch of an a	ased from a f umbrella con	ood service	company as part
ige range of e			YRS - 12.0 YRS	10.	Meal Service:	Usual S	Service	School Vacation/
ype of Appro	allocaum alfagnessiones	d 📋 Lice	ise Exempt		Meal Served	Number of Children Served	Time Meal Served	Weekend Schodule Time Meal Served
_ Military		Scho	01		Breakfast	BOTTEG	1	
articipant Da		ing come boot	udgment, count the		AM Snack		 	
umber of child	dren in ea	ch category at	this center and		Lunch			
port these nur Racial/Ethnic C		Number of Children	For State Use Only Census Data	e I	✓ PM Snack			
Alaskan Nativ American Indi		Cimuren	0.4%		✓ Supper LN Snack		<u> </u>	
Asian			7.5%		EI OHAOK	L	J	
Black or Afric	an		36.4%	11.	What is the nam attend if they liv			ol children would r?
dispanic of La	atino		19.8%		School Name			
Vative Hawaii	ian or		0.1%		& Address			
White (not of Jispanic origi			41.2%	12.	I certify this info knowledge.	ormation is co	orrect to the	best of my
Other					Print name of perse	on		
otal					in charge of this cer on a daily basis	nter		
timate the nu	mber of	enrolled childr	en in each of the		Title			
imbursement								
Free Reduc		ed Paid Total			Signature			
				Į.	Date			



APPLICATION FOR PARTICIPATION OF CHILD DAY CARE CENTERS

Serving Children 6 weeks to 12 years old

Instructions on back

C	ACFP Center Nun	nber	54	220002	8.	Hours open:	Fron		To O-OO DM			
l.	Name of Sponsoring Organization	KEREN	PEULO	S		Hours open on Sch Vacations & Week	hoel Fron	i:30 PM n	9:00 PM			
	Sponsor Phone	# (718)	483-952	7		Days open:	11	V V	V 1			
	Center Name		N PEUL				Mon Tue	Wed Thu	Fri Sat Sun			
	Center Phone #		483-952			Months open:	V V V	111	111			
	Center 440 Address	ALBAN'				What is the plan			Aug Sep Oct Nov Des			
	City BROOM	KLYN OKLYN	/ KINGS	Zip 11213		apply) ✓ A. Prepar	ed at this cer	nter				
2.	Federal Tax Status of Center (Check one) For-Profit Nonprofit					B. Prepared at Sponsor's central kitchen C. Purchased from a local school system						
3.	Type of Center (선생님이 없었다. 그런 그것	;)	- C27			ased from a f					
	Child Care (Eme	ool Age Child Care			ised from a t imbrella con		company as part			
4.	Age range of em	rolled child	dren: _13.	0 YRS - 15.0 YRS	10	M - 1 C						
5.	Type of Approval (Attach copy) Licensed/Registered Lic			nse Exempt	10.	Meal Service:	Usual Service		School Vacation/ Weekend Schedule			
ě	=		L	15:			37					
	Military		Scho	ool		Meal Served	Number of Children Served	Time Meal Served	Time Meal Served			
	Participant Data By visual appeara number of childre	ance, using en in each o	your best j	judgment, count the		Breakfast AM Snack	Children		Time Meal Served			
	Participant Data By visual appears number of childre report these numb Racial/Ethnic Cat	ance, using en in each obers below.	your best j	judgment, count the		Breakfast	Children		Time Meal Served			
	Participant Data By visual appeara number of childre report these numb Racial/Ethnic Cat Alaskan Native American India	ance, using en in each obers below.	your best category at	For State Use Only Census Data 0.4%		Breakfast AM Snack Lunch PM Snack Supper	Children		Time Meal Served			
	Participant Data By visual appeara number of childre report these numb Racial/Ethnic Cat Alaskan Native American Indian	ance, using en in each obers below.	your best category at	indgment, count the this center and For State Use Only Census Data		Breakfast AM Snack Lunch PM Snack	Children		Time Meal Served			
	Participant Data By visual appeara number of childre report these numb Racial/Ethnic Cat Alaskan Native American India Asian Black or African American	ance, using en in each obers below. egory or n	your best category at	For State Use Only Census Data 0.4% 7.5% 36.4%		Breakfast AM Snack Lunch PM Snack Supper LN Snack What is the name	Children Served	Served	of children would			
	Participant Data By visual appeara number of childre report these numb Racial/Ethnic Cat Alaskan Native American Indian Asian Black or African American Hispanic or Lati	ance, using en in each of hers below. egory or n	your best category at	For State Use Only Census Data 0.4% 7.5%		Breakfast AM Snack Lunch PM Snack Supper LN Snack What is the name attend if they live	Children Served	Served	of children would			
	Participant Data By visual appeara number of childre report these numb Racial/Ethnic Cat Alaskan Native American Indian Asian Black or African American Hispanic or Lati Native Hawaiian other Pacific Isl	ance, using en in each of bers below. egory or n ino n or	your best category at	For State Use Only Census Data 0.4% 7.5% 36.4%		Breakfast AM Snack Lunch PM Snack Supper LN Snack What is the name	Children Served	Served	of children would			
	Participant Data By visual appeara number of childre report these numb Racial/Ethnic Cat Alaskan Native American Indian Asian Black or African American Hispanic or Lati Native Hawaiian other Pacific Isl White (not of Hispanic origin)	ance, using en in each obers below. egory or n ino n or ander	your best category at	For State Use Only Census Data 0.4% 7.5% 36.4% 19.8%	12.	Breakfast AM Snack Lunch PM Snack Supper LN Snack What is the name attend if they live School Name & Address I certify this info	Children Served e of the elemed next door	Served	of children would			
	Participant Data By visual appeara number of childre report these numb Racial/Ethnic Cat Alaskan Native American Indian Asian Black or African American Hispanic or Lati Native Hawaiian other Pacific Isla White (not of Hispanic origin) Other	ance, using en in each obers below. egory or n ino n or ander	your best category at	For State Use Only Census Data 0.4% 7.5% 36.4% 19.8% 0.1%	12.	Breakfast AM Snack Lunch PM Snack Supper LN Snack What is the name attend if they live School Name & Address I certify this info knowledge.	Children Served e of the elemed next door	Served	ol children would			
	Participant Data By visual appeara number of childre report these numb Racial/Ethnic Cate Alaskan Native American Indian Asian Black or African American Hispanic or Lati Native Hawaiian other Pacific Isla White (not of Hispanic origin) Other Total	ance, using en in each of the selow. egory or n ino n or ander	your best category at Number of Children	For State Use Only Census Data 0.4% 7.5% 36.4% 19.8% 0.1%	12.	Breakfast AM Snack Lunch PM Snack Supper LN Snack What is the name attend if they live School Name & Address I certify this info	Children Served e of the elemed next door	Served	of children would			
7.	Participant Data By visual appeara number of childre report these numb Racial/Ethnic Cat Alaskan Native American Indian Asian Black or African American Hispanic or Lati Native Hawaiian other Pacific Isla White (not of Hispanic origin) Other	ance, using en in each of the bers below. egory or n ino n or ander bers of enroategories:	your best category at Number of Children	For State Use Only Census Data 0.4% 7.5% 36.4% 19.8% 0.1%	12.	Breakfast AM Snack Lunch PM Snack Supper LN Snack What is the name attend if they live School Name & Address I certify this info knowledge. Print name of perso in charge of this certon a daily basis	Children Served e of the elemed next door	Served	of children would			
7.	Participant Data By visual appeara number of childre report these numb Racial/Ethnic Cate Alaskan Native American Indian Asian Black or African American Hispanic or Lati Native Hawaiian other Pacific Isla White (not of Hispanic origin) Other Total Estimate the num	ance, using en in each obers below. egory or n ino n or ander	your best category at Number of Children	For State Use Only Census Data 0.4% 7.5% 36.4% 19.8% 0.1% 41.2% en in each of the	12.	Breakfast AM Snack Lunch PM Snack Supper LN Snack What is the name attend if they live School Name & Address I certify this info knowledge. Print name of persoin charge of this cen	Children Served e of the elemed next door	Served	ol children would			